Part 1 INITIAL MEDICAL QUESTIONNAIRE 1. NAME

IF YES TO 17A:

2.	SOCIAL SECURITY # 1 2 3	3	4	5	-6-	7	8	9	
3.	CLOCK NUMBER		10	11	12	13	14	15	
4.	PRESENT OCCUPATION								
5.	PLANT				_				
6.	ADDRESS				_				
7.			(Zip	Code)				
8.	TELEPHONE NUMBER								
9.	INTERVIEWER								
10.	DATE		16	17	18	19	20	21	
11.	Date of Birth Month Day Yea	ar	22	23	24	25	26	27	
12.	Place of Birth								
13.	Sex		Male Fema		_				
14.	That is your marital status? 1. Single 4. Separated/ 2. Married Divorced 3. Widowed								
15.	Race	1. 2. 3.	Whit Blac Asia	e k n	4. 5. 6.	Hispa India Other	nnic _		
16. What is the highest grade completed in school? (For example 12 years is completion of high school)									
OCCUPATIONAL HISTORY									
17A. Have you ever worked full time (30 hours per week or more) for 6 months or more?									

B. Have you ever worked for a year or more in 1. Yes __ 2. No __ any dusty job? 2. No Apply __